FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 11 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019260

1. Corporation Name

Intermed Services, Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/11/94 | 3a. Date of Last Report:

2. Principal Place of Business
21 15707 Fairchild Drive
Suite, Apt. #, etc.
22 Hangar #1
City & State
23 Clearwater, FL
Zip 24 34622 | County 25 USA

2a. Mailing Address
26 P. O. Box 1080
Suite, Apt. #, etc.
27
City & State
28 Paducah, KY
Zip 29 42002-1080 | Country 30 USA

4. FEI Number: 65-0473708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Mark J. Peel
302 North Ocean Blvd.
Delray Beach, FL 33483

10. Name and Address of New Registered Agent

81 Name: Chopin, L. Frank
82 Street Address (P.O. Box Number is Not Acceptable): 440 Royal Palm Way
83: Suite 200
84 City: Palm Beach FL 85 Zip Code: 33480

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: L. Frank Chopin (Appointed Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	Mark J. Peel	12 NAME	
STREET ADDRESS	302 North Ocean Blvd.	13 STREET ADDRESS	
CITY ST ZIP	Delray Beach, FL 33483	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	Kathy Rivera	22 NAME	
STREET ADDRESS	14902 Perriwinkle Court	23 STREET ADDRESS	
CITY ST ZIP	Tampa, FL 33625	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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****200.00 ****200.00

TS 4/11/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted with an address.

SIGNATURE: Kathy Smith Rivera March 21, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date